

Little Flower Maternity Home Volunteer Information:

The Little Flower relies on the generosity of volunteers to help keep our home functioning and to enrich the lives of our Mothers. Through their acts of service and love, our volunteers are vital in helping us to carrying out our mission to serve Mothers in need.

Please fill out our volunteer application. We will contact you shortly. Please feel free to call or email us if you have any questions. Thank you for your interest in serving with us!

Name:

Address:

City, State, Zip:

Phone Number:

Email:

Are you involved in a church? Y/N which one?

How did you hear about The Little Flower?

Why are you interested in volunteering at The Little Flower?

Please describe any previous work or volunteer experience related to this mission:

How many volunteer hours a week/ month are you looking to do?

Do you have preferred days and times you'd like to volunteer?

Please briefly describe your spiritual / prayer life:

The Little Flower is a Catholic Maternity Home. We follow church teaching in this home. The Little Flower requires volunteers to complete The Safe Environment Training through the Archdiocese. Have you completed the Archdiocese Safe Environment training? Y/N When?

To protect both our mothers and our volunteers and to comply with confidentiality laws, we do not allow volunteers to friend/follow mothers on any social media outlet. This is grounds for immediate dismissal. Do you understand and agree to this? Y/N _____ Volunteer Initials

Please indicate your interests in volunteering. Volunteer opportunities include:

- Administrative Tasks
- Attend our Service Saturdays
- Working directly with Mothers
- Board Member
- Help with Fundraising Activities and Special Events
- House Coverage (answering the phones, sorting donations, etc.)
- Represent The Little Flower at an informational table

The Little Flower often hosts volunteer speakers, who share their knowledge of pertinent topics with our Mothers. If you are interested in being a speaker, please list topics of expertise below:

Please list any special skills, interests, hobbies, or other notes:

Do you need to track your hours? If so, please list the amount of hours you need to complete, and the required date of completion:

Please give one personal and one professional reference:

1.) Personal Reference Name & Phone Number:

2.) Professional Reference Name & Phone Number:

Emergency Contact Name and Phone Number:

Volunteer Signature:

Date:

Completed Safe Training (Attach Certificate): Y/N Volunteer Start Date:

Executive Director Signature:

Additional Notes:

Revised 5/31/18